

## **CREDENTIALS NEWCOMER'S ORIENTATION**

### **WELCOME TO BROOKE ARMY MEDICAL CENTER**

The Credentials office personnel wish to extend a sincere welcome to you and to assure you of our desire to expedite your inprocessing through this office.

A brief summary of the credentialing process is provided for your information. Following your completion of all required documents, your provider credentials file (PCF) is reviewed by the Service and Department Chief, and recommended for approval of clinical privileges. Your PCF will then be presented to the Medical Staff Executive Committee/Chairman for review and recommended approval. The Chairman of the Medical Staff Executive Committee will then forward recommendation for approval of your clinical privileges to the Commander for his final approval/disapproval. The credentials personnel complete all verifications prior to the Commander's approval/disapproval of privileges and medical staff appointment.

**Folders are deferred due to outstanding deficiencies and the providers are not allowed to provide patient care until the Commander approves all privileges.** The committee meets once a week (Wednesday, except for the third Wednesday). Once all the paperwork is completed, the packet will go before committee and will be presented for approval by the Commander. From Committee recommendation to Commander approval, the turn around time is approximately 2/5 days. There will be absolutely no temporary privileges granted, unless it is a patient care emergency, requested by the Service Chief and agreed upon by the Department Chief.

You will be notified in writing of the award of privileges and medical staff appointment. Upon receipt of notification, you need to sign, date and return the privileging memo to our office. A copy is provided for your records.

Below is a list of all the documents necessary for the credentialing process to be initiated. Please read, complete, sign and return all the enclosed documents. In all cases, please **INITIAL** in all blocks, do not ✓ or X.

- a. Authorization for Release of Information (self-explanatory)
- b. Request for Clinical Privileges memo (self-explanatory)
- c. DA Form 5440A-R **Initial 2 a-v and Complete Section 6 a-l ONLY**
- d. Complete the front of DA Form 4691-R, and section G on reverse (through signature and date) **ONE TIME ONLY**
- e. Complete DA Form 5754-R. **Initial** in the Yes/No blocks. NOTE: item #4 is asking if you are licensed, and item #11 is authorizing us to verify same. Explain any licensure actions (voluntary or involuntary) in block #13.
- f. Personnel Data for CHCS Entry (self-explanatory)
- g. Complete the enclosed DA Form 5440--R by **initialing to the left** of the privileges you request.
- h. DoD Physician Licensure Policy (self-explanatory)
- i. Physician Statement of Acknowledgement and compliance with DoD Physician Licensure Guidance (self-explanatory)
- j. Protocol form with attached protocols for privileged nurses (excluding CRNAs)
- k. Scope of Practice for all CRNAs (self-explanatory)

Please provide the following documents (copy of) along with the above: **These documents require Prime Source Verification (PSV) to be done by this office and/or contracting agency, before presentation to the committee can take place**

- a. Current CV/Resume (original)
- b. Current State Licensure (copy of) **PSV**

- c. Current Drug Enforcement Certification (DEA)(copy of) **PSV**
- d. CPR Certification (**BCLS(mandatory)**), PALS, ACLS, ATLS encouraged
- e. Current American Board Certification, if applicable (copy of) **PSV**
- f. Medical School Diploma (copy of) **PSV**
- g. Internship, Residency, Fellowship Diploma, if applicable (copy of) **PSV**

**FOR CONTRACT, CONSULTANTS, CIVIL SERVICE, RESERVISTS, ETC.** The following additional documents are required for your credentials file

- 1. Two recent letters of recommendation from peers. (original) (NTE one year old)
- 2. A letter from the hospital you are currently affiliated with along with a copy of the delineated privileges granted.

**CME Requirements IAW AR 40-68/AR 40-48 are as follows**

(providers are responsible for ensuring CME certificates are in your PCF) **NOTE: Civilian providers are governed by the same CME requirements as active duty providers**

- 1. Physicians: 150 Category 1 every three years (60 Cat I, 60 Cat II. Remaining 30 can be either CAT I/II)
- 2. Nurse Corps: 20 contact hours each year. In addition, you must meet the requirement of your state licensing board in order to maintain re-licensure
- 3. Army Medical Specialist Corps: 25 contact hours annually
- 4. Medical Service Corps: Minimum requirement annually for there specialty (the nationally recognized accrediting agency for each specialty sets it's own requirements
- 5. Physician Assistants: 100 credit hours of CME every two years, 40 hours must be Category 1. (40 hrs CAT I, 40 Hrs CAT II. Remaining 20 hrs can be in either CAT I/CATII)
- 6. **NOTE:** If the state license does not require CEUs, BAMC standard is 25 hours annually

**PLEASE NOTE:** You will be given a copy of the Medical Staff and Privileged Provider Bylaws when you inprocess. You must sign that you agree to read and abide by them during your practice/assignment at this command.

I certify that I have read, reviewed and completed all required documentation and have provided all required documents prior to being awarded privileges and medical staff appointment; and prior to providing patient care. I understand that it is my responsibility to ensure that all required documents are kept current in my PCF.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

I \_\_\_\_\_ conducted an orientation briefing with this practitioner and explained the credentialing and privileging process, license and/or certification requirements, BLS and CME requirements and provider responsibilities.

\_\_\_\_\_  
DATE



# PRACTITIONER CREDENTIAL FILE

## SECTION I

Privilege Memorandum  
DA Form 5440A, Delineation of Privileges Record  
DA Form 5440-XX-R, Delineation of Privileges (Specialty)  
DA Form 5754, Malpractice and Privileges Questionnaire  
Request for Privileges Memorandum  
DA Form 5441-XX-R, Evaluation of Privileges (Specialty)  
DA Form 4691-R, Initial Application for Privileges

### Point of Contacts:

Sylvia Liserio, Credentials Coordinator  
Dorothy Flores, Credentials Coordinator  
Bonnie Rehm, Credentials Coordinator

Phone: (210) 916-2460

Phone: DSN: 429-2460

FAX: (210) 916-5102

FAX DSN: 429-5102

## SECTION II

DA Form 5374-R, Performance Assessment

## SECTION III

National Practitioner Data Bank (NPDB)  
Letters of Notification/Acknowledgement  
Hearing Summary or Minutes  
Investigations  
Adverse Statements  
Malpractice Claims

Brooke Army Medical Center  
ATTN: MCHE-PSQ Credentials  
3851 Roger Brooke Dr. Bldg 3600  
Fort Sam Houston, Texas 78234-6200

### CHCS TRAINING

62405/3491

CPR Training Office

6-0351/3571

## SECTION IV

Continuing Medical Education (CME)  
Curriculum Vitae/Resume (Lectures Given, Published Papers, Special Activities)

## SECTION V

Copy of Orders  
Credentials from Previous MTFs  
Letters from Peers  
Copy of Privileges at Civilian Hospitals

## SECTION VI

Proof of Malpractice Insurance  
CPR/BLS/ACLS/ATLS/PALS/NPR  
State License/Renewal Certificates  
Federal/State Narcotics License  
National Commission for Certification of Physician Assistants (NCCPA)  
Specialty Board  
Fellowship  
Residency  
Internship  
ECFMG  
Medical/Ph.D./Masters Degree Bachelors/Registered Nurse Degree

# **DELINEATION OF PRIVILEGES RECORD**

For use of this form, see AR 40-58; the proponent agency is OTSG

1. PERIOD  
FROM \_\_\_\_\_ TO \_\_\_\_\_

## **2. Initial the Appropriate Category**

A. Anesthesia	I. Pediatrics	Q. Nurse Practitioners (Adult)
B. Dentistry	J. Podiatry	R. Nurse Practitioners (Pediatric)
C. Family Practice	K. Psychiatry	S. OB/GYN Nurse Practitioners
D. Internal Medicine & Subspecialty	L. Psychology	T. Physician Assistants
E. Neurology	M. Radiology/Nuclear Medicine	U. Emergency Medicine
F. Obstetrics & Gynecology	N. Surgery	V. Other Specialty (Specify)
G. Optometry Service	O. Nurse Anesthetists	
H. Pathology	P. Nurse Midwives	

## **3. Recommendations**

A. MEDICAL TREATMENT FACILITY/DENTAC  Brooke Army Medical Center Fort Sam Houston, Texas 78234-6200		B. APPOINTMENT TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Active <input type="checkbox"/> Affiliate <input type="checkbox"/> Temporary <input type="checkbox"/> None	C. PRIVILEGE CATEGORY <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Supervised
D. DEPT/SVC (Specify)	E. DATE	G. CREDENTIALS COMMITTEE DAVID D. ELLIS, COL, MC Chairperson	H. DATE
F. SIGNATURE		I. SIGNATURE	

## **4. Approval**

A. NAME OF HOSPITAL/DENTAC COMMANDER C. WILLIAM FOX, JR., BG, MC Commanding	B. SIGNATURE	C. DATE
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5. Remarks ADMITTING PRIVILEGES: ☐ YES ☐ NO CLINICAL PRIVILEGES: ☐ Granted as Requested  
☐ Modified as Recommended

A review has been made of the provider's verified licensure, education and training, experience, capability to perform the requested privileges and demonstrated current competence.

## **6. Practitioner's Education/Training Update**

A. BOARD ELIGIBLE FROM (Date)	B. BOARD EXAMINATION TAKEN (Date)  <input type="checkbox"/> Total <input type="checkbox"/> Partial	C. BOARD CERTIFIED  <input type="checkbox"/> No <input type="checkbox"/> Yes (Give Name of Board)
D. RECERTIFICATION (Board end Date)	E. UTILIZED IN PRIMARY SPECIALTY	F. YEARS AND DATES OF SPECIALTY TRAINING (Specify only training since initial application)
G. TOTAL HOURS OF CONTINUING EDUCATION THIS PERIOD	H. TOTAL HOURS OF SUB-SPECIALTY BOARD THIS PERIOD (Specify)	J. NAME OF APPLICANT OR PRACTITIONER
I. MEMBERSHIP IN SPECIALTY SOCIETY(IES) (Specify)		K. SIGNATURE
		L. DATE



# **DELINEATION OF PRIVILEGES RECORD**

For use of this form, see AR 40-68; the proponent agency is OTSG

1. PERIOD  
FROM \_\_\_\_\_ TO \_\_\_\_\_

## **2. Initial the Appropriate Category**

A. Anesthesia	I. Pediatrics	Q. Nurse Practitioners (Adult)
B. Dentistry	J. Podiatry	R. Nurse Practitioners (Pediatric)
C. Family Practice	K. Psychiatry	S. OB/GYN Nurse Practitioners
D. Internal Medicine & Subspecialty	L. Psychology	T. Physician Assistants
E. Neurology	M. Radiology/Nuclear Medicine	U. Emergency Medicine
F. Obstetrics & Gynecology	N. Surgery	V. Other Specialty (Specify)
G. Optometry Service	O. Nurse Anesthetists	
H. Pathology	P. Nurse Midwives	

## **3. Recommendations**

A. MEDICAL TREATMENT FACILITY/DENTAC  Brooke Army Medical Center Fort Sam Houston, Texas 78234-6200		B. APPOINTMENT TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Active <input type="checkbox"/> Affiliate <input type="checkbox"/> Temporary <input type="checkbox"/> None	C. PRIVILEGE CATEGORY <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Supervised
D. DEPT/BVC (Specify) JOSEPH J. HELMINIAK LTC, AN C, ANESTHESIA NURSING SVC	E. DATE	G. CREDENTIALS COMMITTEE DAVID D. ELLIS, COL, MC Chairperson	H. DATE
F. SIGNATURE		I. SIGNATURE	

## **4. Approval**

A. NAME OF HOSPITAL/DENTAC COMMANDER C. WILLIAM FOX, JR., BG, MC COMMANDING	B. SIGNATURE	C. DATE
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5. Remarks ADMITTING PRIVILEGES: ☐ YES ☒ NO CLINICAL PRIVILEGES: ☐ Granted as Requested  
☐ Modified as Recommended

A review has been made of the provider's verified licensure, education and training, experience, capability to perform the requested privileges and demonstrated current competence.

CRNAs will collaborate with a physician (anesthesiologist if available) or oral surgeon, before induction of anesthesia in the operating room, for patients who are ASA Physical Status class III, IV, or V. This collaboration may be face to face or by telephone. The CRNA will document the results of this collaboration on the anesthetic record. The physician or oral surgeon may also document the results of this collaboration, but this is not required for an ASA Physical Status class III, IV, or V patient to receive anesthesia from a CRNA.

DAVID B. LONGENECKER, LTC, MC      WENDALL C. BAUMAN, COL, MC      LARK FORD, COL, AN  
C, ANES/OPERATIVE SVC      ACTING CHIEF, DEPT OF SURGERY      DEPUTY COMMANDER  
FOR NURSING

## **6. Practitioner's Education/Training Update**

A. BOARD ELIGIBLE FROM (Date)	B. BOARD EXAMINATION TAKEN (Date)  <input type="checkbox"/> Total <input type="checkbox"/> Partial	C. BOARD CERTIFIED  <input type="checkbox"/> No <input type="checkbox"/> Yes (Give Name of Board)
D. RECERTIFICATION (Board and Date)	E. UTILIZED IN PRIMARY SPECIALTY	F. YEARS AND DATES OF SPECIALTY TRAINING (Specify only training since initial application)
G. TOTAL HOURS OF CONTINUING EDUCATION THIS PERIOD	H. TOTAL HOURS OF SUB-SPECIALTY BOARD THIS PERIOD (Specify)	J. NAME OF APPLICANT OR PRACTITIONER
I. MEMBERSHIP IN SPECIALTY SOCIETY(IES) (Specify)		K. SIGNATURE
		L. DATE

**Scope of Practice for CRNAs  
at BAMC**

**16 January 2001**

1. Conduct preoperative evaluations on all patients, including ASA physical status classification determination on all patients. CRNAs will order appropriate tests and studies as part of perioperative evaluations of patients. CRNAs will collaborate with a physician (anesthesiologist if available) or oral surgeon if a specific patient's condition, as determined by the CRNA, requires collaboration as part of the preoperative evaluation.
2. Obtain informed consent on all patients for anesthesia services.
3. Determine that patients are appropriate candidates to undergo the planned anesthetic.
4. Select, prescribe or administer medications and treatment modalities related to the perianesthetic care of patients. No approved drug list required.
5. Conduct the assessment immediately before induction of anesthesia to assess the readiness of any patient to enter the surgical environment before committing to the anesthetic by its administration.
6. Select, obtain and administer anesthetics, adjunct drugs, accessory drugs, intravenous crystalloid and colloid infusions necessary to manage the patients in the perioperative period, to maintain the patient's homeostasis, and to correct responses to anesthesia and surgery.
7. Release or discharge patients from the postanesthesia care areas. CRNAs are not required to collaborate with a physician or oral surgeon before releasing any patients from the postanesthesia care areas or bypassing phase one recovery. CRNAs will consult with a physician (anesthesiologist if available) or oral surgeon if a specific patient's condition, as evaluated by the CRNA, requires collaboration or consultation.
8. CRNAs will collaborate with a physician (anesthesiologist if available) or oral surgeon, before induction of anesthesia in the operating room, for patients who are ASA Physical Status class III, IV, or V. This collaboration may be face to face or by telephone. The CRNA will document the results of this collaboration on the anesthetic record. The physician or oral surgeon may also document the results of this collaboration, but this is not required for an ASA Physical Status class III, IV or V patient to receive anesthesia care from a CRNA.
9. CRNAs will seek consultations or collaborations as needed for complicating or unexpected changes in a patient's medical condition during anesthesia care with a physician (anesthesiologist if available) or oral surgeon. This interaction will be documented in the anesthetic record by the CRNA. The physician or oral surgeon may



also document the results of this consultation or collaboration but this is not required for care to be provided by a CRNA.

10. In the unusual circumstance that a consensus concerning a clinical issue can not be obtained between a CRNA and an anesthesiologist or attending physician, the ultimate clinical authority and responsibility for anesthesia services provided for all classes patients will rest with the anesthesiologist or attending physician if an anesthesiologist is not available.
11. There is no requirement for CRNAs to be supervised for any particular age or group of patients for any particular type of procedure requiring anesthetic care. This is supported by AR 40-48 (2-1.d.2 and 3).
12. Required collaborations between a CRNA and an anesthesiologist (if available), or the decision by an anesthesiologist to insert him/herself into any case provides the opportunity for the anesthesiologist to become involved in the care of any particular patient.
13. CRNAs may seek collaboration, as determined by the CRNA, regardless of the patient's ASA classification. CRNAs remain accountable for every aspect of care and decision they make. Physicians are only held accountable for the specific aspects of care and decisions they make. Physicians are not accountable for the actions and decisions taken or made by a CRNA prior to the physician's engagement in a situation, or follow-on decisions made by a CRNA if the physician is not consulted.
14. CRNAs can supervise, within the limits of their own hospital privileges, student nurse anesthetist or other CRNAs. CRNAs can also supervise technicians, medics, nurses, medical students, interns and non-anesthesiology residents rotating on the anesthesia service involved in anesthesia care the CRNAs are responsible for.
15. In emergency, pain control and airway management situations outside of the operating room, the decision to collaborate or consult with an anesthesiologist (if available) will be left to the discretion of the CRNA. The primary physician responsible for the care of these patients will be consulted if present and notified if not present.

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_



DEPARTMENT OF THE ARMY  
BROOKE ARMY MEDICAL CENTER  
FORT SAM HOUSTON, TEXAS 78234-6200

REPLY TO  
ATTENTION OF

Date: \_\_\_\_\_

MEMORANDUM THRU Chief, Department of \_\_\_\_\_

FOR Chairperson, Medical Staff Executive Committee, Brooke  
Army Medical Center, Fort Sam Houston, TX 78234-6200

SUBJECT: Request for Clinical Privileges and Medical Staff Appointment

1. I request an appointment to the medical staff of Brooke Army Medical Center and clinical privileges as specified on the enclosed DA Form 5440 Series, Delineation of Privileges form.
2. I certify that I possess the necessary skills and expertise to justify granting of clinical privileges in those areas I have indicated on the forms, and that I am clinically competent to perform in those areas.
3. I certify that I have no mental or physical conditions, including alcohol or drug dependency, which would limit my clinical abilities.
4. If any change in my mental or physical state occurs during a privileging period, I will immediately, or as soon as physically able, notify a designated supervisor.
5. I agree to furnish updated documents when they are received, and to provide any documentation which is determined to be missing or lapsed from my credentials file upon request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print Name and Rank

To the best of my knowledge, the above information is correct.

\_\_\_\_\_  
Supervisor's printed name and signature





DEPARTMENT OF THE ARMY  
BROOKE ARMY MEDICAL CENTER  
FORT SAM HOUSTON, TEXAS 78234-6200

REPLY TO  
ATTENTION OF

MCHE-PSQ (40-68)

DATE \_\_\_\_\_

MEMORANDUM FOR Chairperson, Medical Staff Executive Committee,  
Brooke Army Medical Center, Fort Sam Houston, TX  
78234-6200

SUBJECT: Request for Clinical Privileges

1. I request clinical privileges as specified on the enclosed DA Form 5440 Series.
2. I certify that I possess the necessary skills and expertise to justify granting of clinical privileges in those areas I have indicated on forms, and that I am clinically competent to perform in those areas.
3. I certify that I have no mental or physical conditions, including alcohol or drug dependency, which would limit my clinical abilities.
4. If any change in my mental or physical state occurs during a privileging period, I will immediately, or as soon as physically able, notify a designated supervisor.
5. I agree to furnish updated documents when received, and to provide any documentation which is determined to be missing or lapsed from my Credentials File upon request.

Enclosures

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
Typed/Printed Name & Rank

To the best of my knowledge, the above information is correct.

\_\_\_\_\_  
SUPERVISOR'S TYPED NAME AND SIGNATURE



DEPARTMENT OF THE ARMY  
GREAT PLAINS REGIONAL MEDICAL COMMAND  
FORT SAM HOUSTON, TEXAS 78234-6200

REPLY TO  
ATTENTION OF

MCHE- (40-68)

Date: \_\_\_\_\_

MEMORANDUM FOR Chairperson, Medical Staff Executive Committee, Brooke  
Army Medical Center, Fort Sam Houston TX 78234-6200

SUBJECT: Request for Renewal of Medical Staff Appointment and Clinical Privileges

1. I request renewal of my staff appointment and clinical privileges as delineated on the enclosed DA 5440 series.
2. I still possess the necessary skills and expertise to justify granting of clinical privileges in those areas I have indicated on the forms, and I am as clinically competent to perform in those areas as I was when I first applied for clinical privileges at this medical center.
3. I have developed no mental or physical conditions, including alcohol or drug dependency, which would limit my clinical abilities.
4. If any change in my physical or mental state occurs during the privileging period, I will immediately, or as soon as physically able, notify a designated supervisor.
5. The following formation is furnished for review by the Medical Staff Executive Committee and will become a part of my permanent credentials file. Only those items that have not been regularly provided to the Credentials Office during the previous period are enclosed.
  - a. Proof of continuing medical education
  - b. Copy of current state licensure, showing expiration date (any/all current/lapsed licenses)
  - c. Copy of board certification (if certified/recertified since last request)
  - d. Copy of current BLS, ACLS, and/or ATLS certification
  - e. Copy of current, dated curriculum vitae (if changes since last submission)
  - f. DA Form 5754-R, Malpractice and Privileges Questionnaire

Encl

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/Printed Name/Rank

To the best of my knowledge the above information is correct.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisor's Printed Name







DEPARTMENT OF THE ARMY  
BROOKE ARMY MEDICAL CENTER  
FORT SAM HOUSTON, TEXAS 78234-6200

REPLY TO  
ATTENTION OF

MCHE-\_\_\_\_\_ (40-68)

Date: \_\_\_\_\_

MEMORANDUM FOR Chairperson, Medical Staff Executive Committee, Brooke  
Army Medical Center, Fort Sam Houston TX 78234-6200

SUBJECT: Request for Renewal of Clinical Privileges

1. I request renewal of my clinical privileges as delineated on the enclosed DA 5440 series.

2. I still possess the necessary skills and expertise to justify granting of clinical privileges in those areas I have indicated on the forms, and I am as clinically competent to perform in those areas as I was when I first applied for clinical privileges at this medical center.

3. I have developed no mental or physical conditions, including alcohol or drug dependency, which would limit my clinical abilities.

4. If any change in my physical or mental state occurs during the privileging period, I will immediately, or as soon as physically able, notify a designated supervisor.

5. The following formation is furnished for review by the Medical Staff Executive Committee and will become a part of my permanent credentials file. Only those items that have not been regularly provided to the Credentials Office during the previous period are enclosed.

- a. Proof of continuing medical education
- b. Copy of current state licensure, showing expiration date (any/all current/lapsed licenses)
- c. Copy of board certification (if certified/recertified since last request)
- d. Copy of current BLS, ACLS, and/or ATLS certification
- e. Copy of current, dated curriculum vitae (if changes since last submission)
- f. DA Form 5754-R, Malpractice and Privileges Questionnaire

Encl

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/Printed Name/Rank

To the best of my knowledge the above information is correct.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisor's Printed Name

MCHE-DN

DATE: \_\_\_\_\_

MEMORANDUM THRU Chairperson, Medical Staff Executive Committee

FOR Inclusion in the Practitioners Credential File (PCF) of

SUBJECT: Protocol, Supervision, and Prescribing Privileges

1. Protocols:

a. IAW AR 40-68, mutually agreed upon protocols have been established for practice pertaining to the above named Health Care Provider (HCP).

b. The protocols are consistent with the scope of practice and are approved by supervisory personnel.

c. The protocols will be reviewed annually, updated as necessary and are readily retrievable within the Department of reviewing authorities.

2. Supervision:

a. The primary supervising physician for the above named is \_\_\_\_\_, MD. The supervising physician is required to perform monitoring activities of the treatment, referral and follow-up care that is provided by the above named HCP. The supervising physician will act IAW AR 40-68, Chapter 2, paragraphs 2-1 and 2-3.

b. The alternate supervising physician will be designated at the Department/Service level and will act IAW AR 40-68, Chapter 2, paragraph 2-3. The alternate physician is \_\_\_\_\_.

c. If the primary or alternate physician are not available for consultation, then the department/service will designate a specific physician for the HCP.

3. Prescribing Privileges:

a. A copy of the named HCP's prescribing privileges is enclosed.

b. Request for prescribing privileges for the above name HCP will be presented to the Pharmacy and Therapeutics Committee (P & T) for approval.

c. A copy of the P & T Committee minutes noting approval/disapproval will be forwarded to the Credentials Office for inclusion in the Health Care Provider's PCF.



SUBJECT: Protocol, Supervision, and Prescribing Privileges

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(Health Care Provider's Signature)      Typed/Printed Name      (Date)

---

(Supervising Physician's Signature)      Typed/Printed Name      (Date)

---

(Chief, Department/Service Signature)      Typed/Printed Name      (Date)

---

(Deputy Commander for Nursing)      Typed/Printed Name      (Date)

BROOKE ARMY MEDICAL CENTER  
CCQAS AND CHCS DATA ENTRY FORM - PRIVILEGED HEALTH CARE PROVIDERS

Please indicate N/A if questions do not pertain to you.

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
(LAST, FIRST MI JR SR III)

BRANCH: \_\_\_\_\_ RANK/GRADE: \_\_\_\_\_ DATE OF RANK: \_\_\_\_\_  
(i.e., ARMY, AIR FORCE, CIVILIAN)

MILITARY SPECIALTY SERIES (AOC)/CIVILIAN GRADE SERIES: \_\_\_\_\_

FLYING STATUS: \_\_\_\_\_ YES \_\_\_\_\_ NO

DEPARTMENT/SERVICE ASSIGNED: \_\_\_\_\_  
(i.e., Medicine/Surgery, etc.)

SPECIALTY: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
(ORTHOPEDIC SURGEON, NURSE PRACTITIONER, PHYSICIAN ASSISTANT)

SIGNATURE CLASS:  
NURSE  
PROVIDER REQUIRING COUNTERSIGNATURE  
HCP  
COUNTERSIGNING HCP  
CLERK WITH LIMITED ORDERING

OFFICE ADDRESS: \_\_\_\_\_  
(i.e., BAMC/AMEDD C&S, etc.)

HOME ADDRESS: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_ HOME PHONE \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ BEEPER \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

(OPTIONAL)

SPOUSE NAME: \_\_\_\_\_

OFFICE USE ONLY: MEPRS APPROVAL FOR WORKLOAD \_\_\_\_\_

DATA ENTERED BY CHCS \_\_\_\_\_